

STATE OF IDAHO
BUREAU OF OCCUPATIONAL LICENSES
Owyhee Plaza
1109 Main Street, Suite 220
Boise, Idaho 83702-5642
(208) 334-3233

APPLICATION FOR FUNERAL ESTABLISHMENT LICENSE

INSTRUCTIONS

Please complete this form by printing or typing the requested information and attaching any requested documentation. Your signature must be notarized and the appropriate fee must be attached. Submit the completed form to the address noted above. Applications that are not complete or do not provide the requested information will be returned. Questions regarding this application or the requirements for licensure may be addressed to the addresses or numbers above.

NOTE: All funeral establishments must be inspected by the Idaho Board of Mortician Examiners prior to the issuance of an establishment license. Operation prior to obtaining valid license is unlawful and may result in criminal prosecution and denial of licensure.

An application fee of \$100.00 & an original license fee of \$125.00 must be submitted with this application.

I hereby make application for a funeral establishment license in the State of Idaho under the provisions of Title 54, Chapter 11, Idaho Code, and provide the following:

1. **Name of funeral establishment** _____

2. **Location Address** _____
street city zip

3. **Mailing Address** _____
street/route/box city zip

4. **Daytime phone** (____) _____ **Fax** (____) _____ **E-mail** _____

5. **Owner(s) Name** _____ **License #** _____
(Please attach a photocopy of your current license.)

6. **Please check the appropriate ownership designation:** ☐ **Individual** ☐ **Corporation** ☐ **Partnership** ☐ **Other**
If Other, please describe: _____
(Please attach a list of all principle persons if ownership is other than "Individual")

7. **Employer Identification Number** _____ **or Social Security Number** ____/____/____

8. **Name of full time resident mortician:** _____ **License #** _____
(Idaho Law requires each establishment to employ a full time licensed resident mortician)

9. **Has a funeral establishment previously existed at this location?** ☐ **YES** ☐ **NO**
If YES, give previous name _____ **License #** _____
and owner name _____
(If YES and the license is current, said license must be signed by the previous owner and attached.)

10. **Does this application represent a change in location of your funeral establishment?** ☐ **YES** ☐ **NO**
(If YES, give name _____ **License #** _____
and establishment address _____

11. **Have you previously owned a funeral establishment in Idaho or elsewhere?** ☐ **YES** ☐ **NO**
(If YES, give name _____ **License #** _____
and establishment address _____

12. **Have you ever had a license, certification, or registration denied, revoked or suspended?** ☐ **YES** ☐ **NO**
(If yes, please attach a detailed statement, including a copy of the charges and the final order.)

(CONTINUED)

APPLICATION FOR FUNERAL ESTABLISHMENT LICENSE (cont.)

13. Have you ever been convicted of any State or Federal felony?

[]YES []NO

(If yes, please attach a detailed statement, including a summary of the charges, the final order, any probation or parole documentation, and any other relevant information.)

AFFIDAVIT

I hereby certify under penalty of perjury that the responses provided above and that all attached documentations are true and accurate to the best of my knowledge and belief and that I am of good moral character and temperate habits.

I further certify that I am familiar with all city, county, and state planning and zoning regulations affecting the facility and location listed above and that I assume all responsibility for their compliance.

I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or it's authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying. I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

Signature of Owner(s) or Agent(s)

State of Idaho, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 ____.

(seal)

Notary Public official signature

residing at _____

my commission expires _____

RESIDENT MORTICIAN AFFIDAVIT

I hereby certify under penalty of perjury that I am a resident of the state of Idaho and that I am in the employ or service of the above noted funeral establishment at the location noted on a full-time basis.

I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or it's authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying. I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

Signature of mortician

State of Idaho, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 ____.

(seal)

Notary Public official signature

residing at _____

my commission expires _____